

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 158
Registered No. 39

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ Ward _____
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child

Donald Elliott Whitehurst
(If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth May 9, 1930
(Month, day, year)

9. Full name of FATHER James Elliott Whitehurst 10. Full name of MOTHER Lissie May Chordien

11. Residence (usual place of abode) (If nonresident, give place and State) Hayden 12. Residence (usual place of abode) (If nonresident, give place and State) Hayden

13. Color or race W 14. Age at last birthday 22 (Years) 15. Color or race W 16. Age at last birthday 17 (Years)

17. Birthplace (city or place) (State or country) Philadelphia Pa. 18. Birthplace (city or place) (State or country) Rawls Texas

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

23. Date (month and year) last engaged in this work _____ 24. Total time (years) spent in this work _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ { months _____ or weeks _____ 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 6:15 p.m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. }

Given name added from a supplemental report _____ (Date of) _____

(Signed) Charles H. Hurst, M. D.

or _____, Midwife

Address Hayden

Filed May 10, 1930 W. D. D. D. Registrar.

Registrar.

Registrar.

463-509-335